



**CHILDCARE
REGISTRATION FORM: SCHOOL YEAR 2016-2017**

Children's Names	Birthdates	Current Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mother's Name: _____ Mother's ID# _____

Father's Name: _____ Father's ID# _____

Address: _____
(Street) (City) (Zip)

Subdivision: _____

Home Number: _____ Cell Phone Number: _____

Other Number: _____ Other Number: _____

Email Address: _____ Life Group Class: _____

The following people (other than myself or my spouse) have permission to pick up my children (in case of illness, emergency, etc):

Name	Relationship	Drive License/ID#	Phone

**At least 1 person is required in addition to the parents.*

**Anyone picking up your children must be 18 years old or older.*

I UNDERSTAND THE PERSON TO PICK UP MY CHILD WILL BE REQUIRED TO SHOW A VALID DRIVER'S LICENSE. I WILL NOTIFY THE COORDINATOR ON DUTY EACH TIME ANOTHER PERSON WILL BE PICKING UP MY CHILD.

Parent's Signature: _____ Date of Signature: _____



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MEDICAL / EMERGENCY RELEASE FORM – SCHOOL YEAR 2016-2017

Please list any special problems that your child(ren) may have: such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information that the staff should be aware of.

Children’s Names:

Allergy info or N/A:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please reiterate these to the staff on duty for each session your child attends.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

	Licensed Physician	Hospital
Name:		
Address:		
Phone:		

I give my consent for necessary emergency treatment when my child in the care of this physician and/or hospital/clinic.

Signature - Parent/Legal Guardian